Obesity management in primary care

Obesity is a growing public health concern that may be neglected in primary care. In one study,[1] 59% of patients with morbid obesity had no record of weight management advice in their primary care records over seven years. The recent study by Aveyard and colleagues[2] is welcome in exploring the role of brief interventions for obesity in primary care. Net weight loss following their intervention was 1.4 Kg at 12 months. Systematic reviews of randomised trials conducted in primary care, which were not discussed by Aveyard et al., reveal very similar findings.[3,4] In a review of 15 trials, with 4539 participants randomized, pooled results from meta-analysis indicated a mean weight loss of 1.36 kg (0.63 to 2.10, $P < 0.001$) at 12 months. A review of 12 trials by Wadden et al. reached similar conclusions.[4]

Aveyard et al. argue that their trial tested 'the effectiveness of physicians screening for and opportunistically intervening on obesity' [Page 2, Introduction] but the procedure tested in the trial may be more typical of opportunistic case finding by research staff rather than true population screening. The 'screening' component of the trial was conducted by research staff who measured patients attending the general practice for other reasons. The logistics, costs and impact on workflow of integrating systematic obesity detection into primary care practice are among several factors that must be evaluated before this approach can be recommended.

An obese woman of normal height may need to lose at least 13 Kg in order to regain normal weight. Weight loss of this magnitude is very difficult to achieve.[5] Loss of 5% of body weight may be more readily achieved, but even this degree of weight loss is not often maintained.[5] In this context, the generally small effect sizes resulting from brief interventions in primary care are of concern. Strategies for rolling out brief interventions with small effects may not always be cost-effective[6], and we await the economic evaluation from this study with interest. While the findings of this trial were positive, the uptake of the intervention was relatively low in the trial situation and might diminish further in practice. We question whether

the conclusion that this approach is an ‘effective way to reduce population mean weight’ [Abstract] is justified and whether this conclusion may distract attention from interventions needed at population- and community-level to prevent the onset of obesity.

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